



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2006

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

52637-0033

Application Number: 10/057,133

Filed: January 24, 2002

For: ADAPTIVE ADJUSTMENT OF TIME AND FREQUENCY DOMAIN EQUALIZERS IN COMMUNICATIONS SYSTEMS

Art Unit: 2611

Examiner: Jia Lu

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>450.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 37,777

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____



Signature

January 31, 2007

Date

Edward A. Becker

Typed or printed name

(408) 414-1204

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

02/05/2007 GWORDF1 00000049 10057133

02 FC:1252

450.00 00